

## NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

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DIGESTIVE AND OTHER ACTIONS OF FRUITS.—The *Journal of the American Medical Association* in a synopsis of a paper in the *Lancet* says: "In this article Sharp shows that many common fruits contain ferment which play the part of papain and bromelin (ferment of pine-apple), and that they can digest both egg and serum albumin to some limited extent. The fruits experimented with were strawberries, cherries, oranges, pears, and apples. To obtain most benefit from the succulent fruits they should be eaten at the end of the chief meal. Stewed fruit, as a stimulant to the lethargic gut in constipation, should be eaten half an hour before breakfast. Oranges, if peeled and cut into thin slices and with castor sugar strewn over them, are highly efficacious as an aid to digestion. Grapes should only be eaten at the end of the chief meal of the day."

SALT SOLUTION AS A CATHARTIC.—Dr. J. J. Leiser in *American Medicine* recommends a teaspoonful of salt in a pint of water just hot enough to drink rapidly as a satisfactory evacuant for chronic constipation. It should be taken on an empty stomach half an hour before eating. The person should walk about after taking it. It empties the bowels without cramp or pain in several loose, watery movements.

DIARRHEA IN INFANTS.—Dr. E. Mather Sill in the *New York Medical Journal* in an excellent paper bases his observations on five thousand cases in private and dispensary practice. The salient points are: 1. Absolute rest for the inflamed mucous membrane of the stomach and intestines, attained by stopping all food and giving nothing but water. 2. By eliminating the cause, namely, a foreign substance which is causing irritation, as fermenting or indigestible food, this being done by the use of castor-oil or calomel. 3. Success lies in the mode of gradually increasing the strength and quality of milk, beginning in all cases, irrespective of the age up to a year, with a very weak cream mixture.

A NEW ANÆSTHETIC.—The *Medical Record* in an editorial says that Terrier, of Paris, following Schneiderlin, describes what is claimed to

be a new anaesthetic, said when used hypodermically to produce complete insensibility lasting from nine to ten hours. The patient awakens as from a natural sleep, not knowing he has been operated upon. It is said he can be aroused by shaking or loud calling, but pinching and pricking have no effect. There is no nausea, vomiting, or distressing headache. This anaesthetic is scopolamine, an alkaloid obtained from *scopola japonica*, one of the family from which atropine is obtained. It has been used for some years as a powerful mydriatic and sedative. As an anaesthetic it is combined with morphia and given in three separate hypodermic injections. One milligramme of scopolamine and one centigramme of morphine in a cubic centimetre is given four hours before the operation, another two hours before, and a third one hour before. There is at times profuse perspiration.

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GANGRENE FROM CARBOLIC ACID.—The New York *Medical Journal*, quoting from *Presse Medicale*, says: "Cotte reports the case of a young woman, eighteen years old, who applied pure carbolic acid to a slight wound of the finger. Four days later the skin of the finger was black and a physician made the diagnosis of gangrene from carbolic acid. The finger was amputated thirteen days after the application."

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GOAT'S MILK FOR BABIES.—The *Journal of the American Medical Association* in an abstract of an article in the *Intercolonial Medical Journal of Australasia* says: "Wood refers to the difficulty in all large cities of obtaining fresh milk for infants and advises the use of goat's milk for bottle-fed infants. He states that a number of infants under his care have been fed through the whole summer on pure goat's milk and have never had diarrhoea. He says that the mother of one of the children reported that the child digested the milk without the least sign of flatulence when it was given warm from the goat, while the digestion was not so easy if the milk had stood for some hours. He says that most children can digest goat's milk undiluted, and that while taking it they gain in weight and development. He calls attention to the custom in Switzerland and in some parts in Italy of shaving the udders and allowing the babies to nurse directly from the goat."

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SUBSTITUTE FEEDING IN INFANTS.—The *Journal of the American Medical Association*, quoting from the *British Medical Journal*, says: "Sanderson-Wells concludes that all proprietary foods are bad because, (1) they are all deficient in fat, one of the most essential elements of an infant's food; (2) they are not antiscorbutic; (3) they contain as a class

too much sugar; (4) they mostly contain foreign elements: starch, maltose, cane sugar, etc. Wet-nursing, he declares, is seldom or never justifiable on the following grounds: 1. It is inaccurate. The milk of one mother does not necessarily suit the child of another, and although analysis is possible, it is almost impracticable, and we have little chance of modifying the supply to suit our requirements. 2. It is inconvenient, upsets the house. Domestic difficulties are great and misconduct frequent. 3. No examination, however careful and thorough, will exclude the presence of syphilis in a woman. In preparing cow's milk for the use of the infant, careful attention must be given to having the various constituents in as nearly the same proportion as they are found in mother's milk. Lactose is the proper sugar to use. The milk must be absolutely sterile, and this is best attained by pasteurization at 70° C. for thirty minutes."

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SCHLEY'S TREATMENT OF ULCERATING SURFACES.—The New York *Medical Journal*, quoting from an Italian journal, says: "The method consists in sprinkling an abundant quantity of finely pulverized boric acid upon the granulating surface, covering with a layer of rubber tissue extending from two to five inches beyond the border of the ulcer, and fixing with strips of plaster. Over this is applied a layer of cotton, covering the waterproof layer, and the whole is covered with a fixation bandage. The dressing is renewed every five days, or even once a week."

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A CLINICAL CHART FOR THE RECORD OF PATIENTS IN A SMALL HOSPITAL.—The *Medical Record* in a report of the meeting of the American Medical Association says: "Dr. George F. Wilson, of Portland, Ore., claimed that much scientific work is done in a great many hospitals throughout our country which is lost on account of a lack of clerical help and the exacting duties of the resident staff in other directions. He presented a chart for criticism and suggestions which, preserved in its original form, included all necessary data, avoided the copying of histories, and when filed away or bound with a proper index, both of the patient and the disease, preserved all in a manner readily accessible and did away with much clerical work in the way of repetitions."

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EGGS IN DIET OF THE SICK.—The *Journal of the American Medical Association* in an abstract of a paper in *Presse Medicale* says: "Martinet declares that the cook is as important an auxiliary as the pharmacist for the physician, and that an annotated cookbook should be found in every physician's library. He gives a number of recipes for various egg dishes,

with their calories, mentioning a number of points that should be observed, but of which the average cook is ignorant. For instance, if omelets, custards, and such dishes are cooked until the albumin is entirely coagulated, their digestibility is not that of a soft-boiled but of a hard-boiled egg. The addition of butter, etc., also reduces their digestibility. He says that the Italian *zabaglione*, well made, represents about eight hundred calories and can be taken by the most delicate stomachs. He gives the directions for it and also for 'egg beer,' which represents two hundred and forty calories. The yolk of egg in bouillon he regards as the best dish for the convalescent. The yolk of egg in two hundred grammes of milk represents one hundred and eighty-five calories, with about eleven grammes of albumin, 12.5 grammes of fat, and nine grammes of carbohydrates. The proportion of fat is too high in comparison with the carbohydrates. This can be partially corrected by adding fifteen grammes of sugar and a pinch of salt."

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RECTAL ALIMENTATION.—Dr. William Henry Porter, of New York, in an interesting paper on this subject in *American Medicine* thus sums up his conclusions: "Rectal alimentation, from the limited amount of food that can be utilized in this manner, is at best a very poor substitute for the natural method of feeding. It does in a measure relieve the pangs of thirst and hunger that of necessity follow the slow process of starvation which occurs when the stomach and small intestines are thrown out of commission. So far as my personal experience has gone, rectal alimentation has proved most unsatisfactory. I have tried all forms of substances, predigested and otherwise, for rectal alimentation, with but one result, namely, progressive starvation without the more intensely distressing symptoms."

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THE TREATMENT OF ATROPHIC RHINITIS.—*American Medicine*, in a synopsis of a paper in *Therapeutische Monatshefte*, says: "After trying many treatments for a crusted and dried nose, Volland settled upon the following procedure as the best: He treats the interior of the nose by means of ointment. A straightened hairpin is wound with cotton to the bend, and this saturated with fresh zinc vaselin; the nasal interior is then massaged with this in all directions. This treatment is repeated every two or three days, and almost at once the patient's sleep improves, tendency to bleeding diminishes, and he is able to breathe through his nose. A complete cure is possible. He has also employed it with considerable success in the rhinitis of tuberculous patients, in ozena, and in cases that required gradual dilatation of the lower nasal passages."





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the nasal mucous membrane, in which the nostrils are closed, in order to prevent the patient from breathing through them. The nostrils are then packed with cotton, and the nasal inferior is then injected with cocaine. This treatment is repeated every two or three days, and almost at once the patient's sleep improves, he can eat and drink again, and he is able to breathe through his nose. A similar method is applicable. He has also employed it with great success in the mouths of tuberculous patients, in cases, and in cases of chronic catarrhal affection of the lower nasal passage.